



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS
SPACE)

SUPPORTING STATEMENT REGARDING MARRIAGE

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22,28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0115, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0115 in any correspondence. Do not send your completed VA Form 21P-4171 to this email address.

INSTRUCTIONS: Please complete all items. Your answer to every question is important to help us complete the claimant's claim. If you do not know the answer, write "unknown." For additional space, use Item 17, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. See page 2 for mailing information.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2A. VETERAN'S SOCIAL SECURITY NUMBER — —	2B. VA FILE NUMBER <i>(If applicable)</i> C/CSS-
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3. CLAIMED SPOUSE OR SURVIVING SPOUSE'S NAME *(First, Middle Initial, Last)*

4A. NAME OF PERSON COMPLETING THIS FORM *(First, Middle Initial, Last)*

4B. ADDRESS OF PERSON COMPLETING THIS FORM *(Number and street, P.O. or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street
 Apt./Unit Number City
 State/Province Country ZIP Code/Postal Code —

5A. WHAT WAS/IS YOUR RELATIONSHIP TO THE VETERAN? <i>(Parent, child, brother, sister, etc. If not related, state "None")</i>	5B. WHAT WAS/IS YOUR RELATIONSHIP TO THE CLAIMED SPOUSE? <i>(Parent, child, brother, sister, etc. If not related, state "None")</i>	6A. HOW LONG HAD/HAVE YOU KNOWN THE VETERAN? <i>(Months, years)</i>	6B. HOW LONG HAD/HAVE YOU KNOWN THE CLAIMED SPOUSE? <i>(Months, years)</i>
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7A. HOW OFTEN HAD/HAVE YOU VISITED THE VETERAN?	7B. ON WHAT OCCASION(S) HAD/HAVE YOU VISITED THE VETERAN?
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7C. HOW OFTEN HAD/HAVE YOU VISITED THE CLAIMED SPOUSE?	7D. ON WHAT OCCASIONS HAVE YOU MET THE CLAIMED SPOUSE?
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8. WERE/ARE THE VETERAN AND THE CLAIMED SPOUSE GENERALLY KNOWN AS MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. DID/DO EITHER THE VETERAN OR CLAIMED SPOUSE EVER DENY THE MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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10A. DID/DO YOU CONSIDER THE VETERAN AND THE CLAIMED SPOUSE TO BE MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 10B)</i>	10B. PROVIDE FACTS AND REASONS FOR SUCH BELIEF <i>(If additional space needed use Item 17, "Remarks")</i>
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11. NAME(S) BY WHICH SPOUSE WAS/IS KNOWN

FIRST NAME	LAST NAME
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12A. HAD/HAVE YOU EVER HEARD THE VETERAN OR THE CLAIMED SPOUSE REFER TO EACH OTHER AS MARRIED TO ONE ANOTHER?
 YES NO *(If "Yes," complete Items 12B and 12C)*

12B. DATE <i>(MM/DD/YYYY)</i>	12C. PLACE
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13A. DID/DO THE VETERAN AND THE CLAIMED SPOUSE MAINTAIN A HOME AND LIVE TOGETHER AS MARRIED TO ONE ANOTHER?
 YES NO (If "Yes," complete Item 13B)

13B. PERIODS OF TIME AND PLACES WHERE THE VETERAN AND THE CLAIMED SPOUSE HAD/HAVE LIVED TOGETHER			
BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	CITY OR TOWN	STATE

14A. HAD/HAVE THE VETERAN AND THE CLAIMED SPOUSE LIVED TOGETHER CONTINUOUSLY?
 YES NO (If "Yes," complete Item 14B)

14B. EXPLANATION

15A. HAD/HAS THE VETERAN EVER ENTERED INTO ANY OTHER MARRIAGE(S)?
 YES NO (If "Yes," complete Item 15B)

15B. OTHER MARRIAGES OF VETERAN				
TO WHOM MARRIED	DATE (MM/DD/YYYY) AND PLACE OF MARRIAGE	TYPE OF MARRIAGE (Ceremonial, etc.)	HOW MARRIAGE ENDED (Death, divorce, etc.)	DATE (MM/DD/YYYY) AND PLACE MARRIAGE ENDED

16A. HAS THE CLAIMED SPOUSE EVER ENTERED INTO ANY OTHER MARRIAGE(S)?
 YES NO (If "Yes," complete Item 16B)

16B. OTHER MARRIAGES OF CLAIMED SPOUSE				
TO WHOM MARRIED	DATE (MM/DD/YYYY) AND PLACE OF MARRIAGE	TYPE OF MARRIAGE (Ceremonial, etc.)	HOW MARRIAGE ENDED (Death, divorce, etc.)	DATE (MM/DD/YYYY) AND PLACE MARRIAGE ENDED

17. REMARKS (If any)

CERTIFICATION

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief. I understand that this statement will be considered in connection with an application for VA benefits based on a marital relationship between the veteran and the person named in Item 3.

18A. SIGNATURE (Sign in ink)	18B. DATE SIGNED (MM/DD/YYYY)
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18C. DAYTIME TELEPHONE NUMBER (Including Area Code)	18D. EVENING TELEPHONE NUMBER (Including Area Code)
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WITNESS TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature by mark must be witnessed by two persons to whom the signer is personally known and the signature and addresses of the witnesses must be entered below.

19A. SIGNATURE OF WITNESS (Sign in ink)	19B. ADDRESS OF WITNESS
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20A. SIGNATURE OF WITNESS (Sign in ink)	20B. ADDRESS OF WITNESS
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

FEES FOR CLAIMS: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

MAIL TO: Department of Veterans Affairs, Pension Intake Center, P.O. Box 5365, Janesville, WI 53547-5365